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Secretary of State
02-08-2008 90040 031 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000005429

1. Entity Name
SAN PABLO FOUNDATION, INC.

Principal Place of Business	Mailing Address
100 N.E. THIRD AVENUE SUITE 100 FT. LAUDERDALE, FL 33301	1395 BRICKELL AVENUE 14TH FLOOR-ICS MIAMI, FL 33131

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01182008 No Chg-NP CR2E037 (4/05)

4. FEI Number
65-0803135
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

STRICKROOT, JOHN C
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131

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6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MENDOZA, PABLO
STREET ADDRESS	8778 SW 8TH ST.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VTD
NAME	RODRIGUEZ, GLORIA
STREET ADDRESS	8778 SW 8TH ST.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	STRICKROOT, JOHN C
STREET ADDRESS	1395 BRICKELL AVENUE, 14TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	MENDOZA, AMELIA
STREET ADDRESS	1318 S. Greenway Dr.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	SILVA, VERONICA
STREET ADDRESS	3308 Toledo St.
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with blanks filled, as empowered.

SIGNATURE: _____ President March 13 2008 305-789-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #